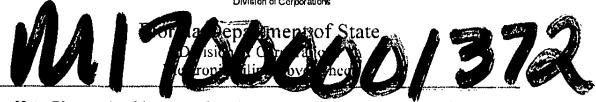
2/18/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company DORAL CORPORATE CENTER SUBSIDIARY GP, LLC

Certificate of Status	U
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

		UBSIDIARY GP, LLC	
The enclosed "Application by Fo	reign Limited Liability Cored to register the above refe	npany for Authorization to I prenced foreign limited liabil	ransact Business in Florida," Certificate of ity company to transact business in Florida
Please return all correspondence	concerning this matter to th	e following:	
	N	lamo of Person	
	Ti-	irm/Company	
	•	in a company	
		Address	
	City/S	itate and Zip Code	
	E-mail address: (to be use	d for future annual report no	tification)
or further information concerning	g this matter, please call;		
Naino	of Person	at ()	ime Telephone Number
Division of Corporations Division		ET ADDRESS: on of Corporations ration Section	
P.O. Box 6327		Building	

(6)

....

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

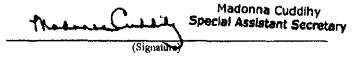
IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. DORAL CORPORATE CENTER SUBSIDIARY GP, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Delaware 3.
(FEI number, if applicable)
4
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 790 NW 107th Avenue, 4th Floor
Miami, Florida 33172
(Street Address of Principal Office)
6. 790 NW 107th Avenue, 4th Floor
Mlami, Florida 33172
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Doral Corporate Center, LP, Member, 790 NW 107th Avenue, 4th Floor, Miami, Florida 33172
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.)
To Y
Signature of an authorized person
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Liat Heller
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limited Liability	Company is:		
DORAL COR	RPORATE CENTER	SUBSIDIARY GP, LLC		
If unavailable,	the alternate to be used	d in the state of Florida is:		
2. The name a	nd the Florida street ad	ddress of the registered agent and office are:		
	CT Corporation Sy	stem		
		(Name)	_	
	1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)			
		-t ₁		
	Plantation	_{FL} 33324		
		City/State/Zlp	_	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.



\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DORAL CORPORATE CENTER SUBSIDIARY GP,
LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS
IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

1167

6215289 8300 SR# 20170966419

You may verify this certificate online at corp.delaware.gov/authver.shtml

Selficity W. Ballack, Recreasery of Biblio

Authentication: 202051256

Date: 02-16-17